

STANDARD CERTIFICATE OF DEATH

FILED FEB 18 1954

BIRTH NO. REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **220**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>2009</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Ballwin</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>2mo.</b>		e. STREET ADDRESS (If rural, give location) <b>1431 Hodiamont Ave.,</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pine Crest Nursing Home 2</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ROSE</b>		b. (Middle)		c. (Last) <b>BRAND.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 24, 1954.</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>June 10, 1870</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 12 HRS. <b>83</b> Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>unemployed</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>work.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo. 0</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	

13a. FATHER'S NAME <b>Frank H. Niermann</b>		13b. MOTHER'S MAIDEN NAME <b>work.</b>		14. NAME OF HUSBAND OR WIFE <b>Henry Brand Dec.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Louis Brand, 1285 Delaware Ave.,</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Cardiac dilatation</b>		<b>1 day</b>	
		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic myocarditis</b> DUE TO (c)		<b>1 yr</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>4222</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **1-7**, 19**54**, to **1-24**, 19**54**, that I last saw the deceased alive on **1-20**, 19**54**, and that death occurred at **11:55 A.M.** from the causes and on the date stated above.

23a. SIGNATURE <b>R. Theslie</b>		23b. ADDRESS <b>Rickwood, n. 7mo</b>		23c. DATE SIGNED <b>1/25/54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Jan. 27, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Concordia Cem.,</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>1/25/54</b>		REGISTRAR'S SIGNATURE <b>Robert R. Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. Clark 1125 Hodiamont Ave.,</b>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Edmond H. Remelius*.....

Licensed Embalmer No...*428*.....

P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.